Report of the Provider Workgroup of the National Adult Immunization Summit

OUTLINE OF THIS SESSION

- Workgroup Report
- What Works: The Evidence Base
- What Works: Real Life Examples
- Consideration on Provider Workgroup Activities for Year TWO
WORKGROUP REPORT:

1. Searchable resource database
2. Sought examples of “What Works”

WHAT WE HEARD FROM THE SUMMIT LAST YEAR:

- Adult Immunization Resources
- Tools to improve immunization business practices
- Immunizations as more routine, automatic
- Training and quality assurance.
- Outreach to special groups
- Improve understanding of adult immunization
WORKGROUP EFFORTS

- Charge: To accomplish two or more actionable items
- Constituency: The average healthcare provider
- Met monthly. Forum for communication on issues of concern to healthcare providers.
- Searchable database of adult immunization resources
- Sought out examples of “What Works” : Displayed today and posted on this website: http://www.preventinfluenza.org/profs_whatworks.asp

WHAT WORKS?

ADULT IMMUNIZATION RATES
PROVIDER WORKGROUP

- Workgroup Co-Chairs
  - Deborah Wexler, Immunization Action Coalition
  - Laura Lee Hall, American College of Physicians
  - Susan Farrell, CDC
  - Debra Hawks, American College of Obstetricians and Gynecologists

Workgroup Participation
- Janice Adkins, BS
- Pamela Alweiss, CDC/Diabetes
- Carolyn Bridges, CDC/Adult Immunization
- Tammy Bremhammer, Passport Health
- Judith Centre, Saxel Pasteur
- Tamara Cayne-Bean, NC Child Health Research Network & University of North Carolina
- Leonard Friedland, GSK
- Dial Hewlett, Pfizer
- Pamela Wircz, Veterans Administration
- Michelle Heinblue, American Public Health Association
- John Kanarak, Merck
- Mary Michelle Legerski, American Academy of Physician Assistants
- Tammy Rehfeld, Passport Health
- Clen Lewis, Neuraltis
- Kim Westen, Assn of State and Territorial Health Organizations
- Matthew Reynolds, CDC/NCIRD
- Alexandrea Shewchuck, CDC/NCIRD
- Carise Shurtliff, Utah Health Department
- Edwirrin Singh, Merck
- Annette Schmidt, Gerontological Society of America
- Raymond Strick, CDC/NCIRD
- Laurel Wood, Immunization Action Coalition
- LeBarre Woods, CDC/NCIRD
- Herb Young, American Academy of Family Physicians
- Matthew Zahn, Infectious Diseases Society of America
- Rick Zimmerman, Society of Teachers of Family Medicine

ADULT IMMUNIZATION RESOURCES
SEARCHABLE DATABASE

- Getting the right resources into provider hands when they need it. An inventory of adult immunization resources
- New Adult Vaccination Resources Library. For patients and providers.
- Designed so users can pinpoint resources they need as individual consumers or as providers in their clinic settings
- http://www.immunize.org/adult-vaccination/resources.asp
CURRENT ENERGY: MANY ONGOING PROVIDER-RELATED EFFORTS

- National Foundation on Infectious Diseases
- American College of Ob/gyns
- American College of Physicians
- Healthmap Vaccine Finder
- The federal Adult Immunization Task Force
- Affordable Care Act
- Gerontological Society of America
- National Council on Aging Campaign

WHAT WORKS?

ADULT IMMUNIZATION RATES
WHAT WORKS?

- Community Guide: Evidence-Based Strategies.
- Beyond the Community Guide: Tips and tools and buzz. The real-life examples.

REMINDER ON WHAT WORKS:
THE COMMUNITY GUIDE OUTLINES EVIDENCE-BASED STRATEGIES THAT WORK

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Odds Ratio*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational change</td>
<td>16.0</td>
</tr>
<tr>
<td>(e.g., standing orders, separate clinics devoted to prevention)</td>
<td></td>
</tr>
<tr>
<td>Provider reminder</td>
<td>3.8</td>
</tr>
<tr>
<td>Patient financial incentive</td>
<td>3.4</td>
</tr>
<tr>
<td>Provider education</td>
<td>3.2</td>
</tr>
<tr>
<td>Patient reminder</td>
<td>2.5</td>
</tr>
<tr>
<td>Patient education</td>
<td>1.3</td>
</tr>
</tbody>
</table>

*Compared to usual care or control group, adjusted for all remaining interventions

POTENTIAL IMPACT OF STRATEGIES TO INCREASE ADULT VACCINATION COVERAGE

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Population</th>
<th>Median increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunization information systems</td>
<td>Adults</td>
<td>*</td>
</tr>
<tr>
<td>Client reminder/recall systems</td>
<td>Adults</td>
<td>6.1-12 percentage pts.</td>
</tr>
<tr>
<td>Health care-based interventions in combination</td>
<td>Adults</td>
<td>8 percentage pts.</td>
</tr>
<tr>
<td>Client or family incentive rewards</td>
<td>Adults</td>
<td>8.5 percentage pts.</td>
</tr>
<tr>
<td>Provider assessment and feedback</td>
<td>Adults</td>
<td>9-16 percentage pts.</td>
</tr>
<tr>
<td>Home visits</td>
<td>Adults</td>
<td>10 percentage pts.</td>
</tr>
<tr>
<td>Provider reminder systems</td>
<td>Adults</td>
<td>10-16 percentage pts.</td>
</tr>
<tr>
<td>Community-based interventions in combination</td>
<td>Adults</td>
<td>15 percentage pts.</td>
</tr>
<tr>
<td>Reducing client out-of-pocket costs</td>
<td>Adults</td>
<td>15-22 percentage pts.</td>
</tr>
<tr>
<td>Worksite: on-site, reduced-cost, actively promoted influenza vaccine</td>
<td>Adults, HCP</td>
<td>21 percentage pts.</td>
</tr>
<tr>
<td>Standing orders when used alone</td>
<td>Adults</td>
<td>27-28 percentage pts.</td>
</tr>
</tbody>
</table>

STANDING ORDERS

- Use of standing orders and patient/provider education at a public hospital resulted in 72% of women receiving postpartum Tdap (96% of those w/out contraindications or recent vaccination).¹
  - Population served is primarily Hispanic and medically underserved/underinsured
- Use of nurse standing orders to support an opt-out vaccination policy at a low-income urban family medicine center significantly increased influenza vaccination (to 49% from 36% the prior season).²
  - Worked across gender, race/ethnicity, age, high-risk status

In a network of 7 primary care practices, standardized offer and assessment of vaccination status by medical assistants resulted in similar uptake of influenza vaccination by white and African-American patients 65 years and older.

- 69% of white and 62% of African-American patients accepted vaccination (difference n.s. after adjustment for prior season vaccination receipt, age, gender, education)
- No difference by race in proportion already vaccinated that season or citing vaccination as reason for office visit
- Half of practices located in/near medically underserved areas


Provider recommendation

In an RCT of older adults served by urban primary care centers, eligible seniors seen in practices using provider chart reminders and patient recall/outreach were more likely to receive influenza vaccination (64% vs. 22%)\(^1\) 
- Effective in patients of all races but did not eliminate disparities 
- In one clinic, including a prompt to discuss influenza vaccination in the electronic medical records of pregnant women increased coverage\(^2\) 
- 61% of women vaccinated versus 42% the previous season 
- 90% of patients discussed influenza vaccine with provider


The Community Guide identifies effective strategies.

Let’s now look at examples where groups have put effective strategies into place.
WHAT WORKS IN REAL LIFE

- Multicomponent interventions are the most effective. Multiple categories of interventions should be implemented simultaneously for maximum effect.

- Just because a strategy is defined as effective doesn't mean it makes sense: Cost, energy, labor.

WHAT WORKS IN REAL LIFE

- The NAIS Provider Workgroup found this in the real-life experiences of many provider groups:

  **Successful efforts have multiple synergistic elements that work together, fueled by one or more outstanding immunization champions.**
EXAMPLES OF “WHAT WORKS”

- The Combo Package
  - A combination of strategies: The “package”
- The Human Champion
  - Human energy, human champions.
- Multi-messaging to Providers
  - Smart effective useful information
- The Evidence-Base
  - “What Works” is evidence-based

WHAT’S THE EQUATION?

The Combo Package +
The Human Champion +
Multi-messaging to Providers +
The Evidence-Base = RESULTS
WHAT WORKS IN REAL LIFE: EXAMPLES

Examples To Discuss Today

- American College of Obstetricians and Gynecologists
- Indian Health Service
- Pharmacists
- Providers with patients with heart disease
- NIH healthcare worker vaccination program
- Minnesota, Rhode Island, Massachusetts

WHAT WORKS IN REAL LIFE: EXAMPLES

A combination of synergistic strategies were implemented:

- A strong organizational statement and new immunization department.
- A dedicated website (www.immunizationforwomen.org)
  - the CDC vaccine schedule,
  - office start-up instructions,
  - patient communication advice,
  - coding, finances, ordering, liability, links to other sites, and
  - specific vaccine topics that focus such as the pregnant/breastfeeding patient and female adolescents.
- A focused practice-driven intervention targeting individual practices in ACOG District V (MI, OH, IN, KY) and District XI (TX).
  - Project Objective: To increase the types and doses of immunizations given in ob-gyn practices AND – To build sustainable partnerships with each respective state health department (SHD) immunization program
- Working the Evidence-Base
  - They’re on it; Tracking rates, deaths, hospitalizations., member uptake
- Other Interventions:
  - Campaign involved 3 direct mailings of evidence-based immunization Toolkits to 35,000 ob-gyns in practice on Seasonal Influenza (Flu) 2011-2012 and in 2012-2013 as well as on Tdap in 2012 after release of the new ACIP Tdap recommendations.
ACOG: RESULTS THEY GOT

**Results They Got in District V Project:**
- 1/3 of sites added at least one vaccine
  - 19% giving more vaccine doses
  - 86% identified "vaccine coordinator"
  - 48% participate in State registry
  - 83% have SHD contact person
  - 41% actively working on office vaccine program
- Resource utilization
  - 35% ACOG website
  - 49% CDC website
  - 44% vaccine schedule
- Other practice changes
  - 39% integrate vaccine discussion during visits
  - 19% added vaccine info to chart
  - 14% added recall system for multi-dose call backs

**National Data:**
- Influenza immunization rates for pregnant women increased from 15% to 47% in 2009-10 during H1N1
- 50% rate continued in 2010-11 and 2011-12 influenza seasons
- 63% of pregnant women received a provider recommendation for influenza vaccination in 2011-12 influenza season

INDIAN HEALTH SERVICE: POPULATION SERVED

- **Federal agency charged with providing healthcare to eligible American Indian/Alaska Native people.**
- **Eligibility:** For members of one of the 566 federally recognized tribes and residence in the IHS catchment Area.
- **Population Served:** Approximately 2 million patients each year through a network of IHS, Tribal, and Urban Indian health care facilities in 35 states.
Use of EHR and provider reminder prompts focusing on the following adult vaccinations:

- Influenza for all ages
- PPSV23 for 65 years+
- PPSV23 for adults with high risk conditions
- Tdap for everyone 19 yrs+
- Td every 10 years
- HPV
  - Females 19 – 26 years
  - Males 19 – 21 years
- Zoster for 60 yrs +
- Hepatitis A and B for patients who receive first dose
INDIAN HEALTH SERVICE: MOVING FORWARD

- Continue to develop provider reminders for medical risk based vaccine recommendations
  - Hepatitis B vaccine for diabetics
  - Hepatitis A and B vaccines for chronic liver disease and hepatitis C positive patients
  - PCV13 for immune-compromised patients

PHARMACISTS


- One Group: The American Pharmacists Association and the “Full Package”
  - Strong organizational commitment to immunization
  - Dedicated website
  - Multiple messages to providers: Listserv 60,000 immunizing pharmacists, webinars, communications, close attention to ACIP recommendations, news alerts as needed.
  - Student pharmacist programs;
  - State incentive programs;
  - Policy work: Laws, policies related to immunization registries, pharmacist vaccination
  - Training that’s focused on building competencies of providers. Mandatory in most states. Franchised. Tested.
WALGREENS

- Over 8,000 points of care
- > 7 million flu shots administered
- 7 million immunization assessments
  - > 250K pneumonia and zoster vaccines administered
- Projects with Rhode Island, Chicago, Dallas, Election Day, African-American church community and 500 other community/state groups
- Walgreens pharmacists deliver more flu shots to Americans than any other entity besides the federal government

RITE AID

- In 4 years, Rite Aid has increased the amount of immunizations provided by pharmacists more than 20-fold, including significant increases in influenza, herpes zoster, pneumococcal, and pertussis vaccinations
Increasing proportion of influenza vaccinations are taking place in nonmedical settings.

The proportion of adults vaccinated in stores:

- 18.4%: In 2010–11 season
- 7%: In 2006–07 season
- 5%: In 1998–99 season

**RESULTS FROM MULTIPLE PHARMACIST-RELATED EFFORTS**

- Smart multi-messaging to cardiologists
  - Epocrates messaging reaching 40,000 cardiologists
  - Medscape training
  - Outreach from the American College of Cardiologists. American Heart Association.
- Targeted patient education materials
- Working the evidence base
  - Cardiac disease increased the risk of flu-related hospitalization by almost three-fold. Four randomized trials demonstrate reduced risk of cardiac events among vaccinated patients who have existing cardiac disease.
INFLUENZA VACCINATION COVERAGE AMONG ADULTS 18-64 YEARS WHO REPORTED SELECTED CHRONIC CONDITIONS, BRFSS 2007-2012

NATIONAL INSTITUTES OF HEALTH CLINICAL CENTER

Influenza Immunization Among Healthcare Workers Summary 2012-2013

- Compliant: 3,201
- Vaccinated: 2,922
- Vaccinated Outside*: 222
- Declined: 57
- Percent Compliant: 100%
- Percent Vaccinated: 98.2%
OTHER EXAMPLES

- Rhode Island: New regulations covering healthcare workers vaccination, 22% increase
- Minnesota: Uninsured and Underinsured Adult Vaccine Program, 65,000 vaccination
- Massachusetts: Targeting high risk adults for flu vaccination, 4% increase in coverage

OTHER EXAMPLES: GERONTOLOGICAL SOCIETY OF AMERICA

- GSA’s National Adult Vaccination Program
- Rosa Baier Article summarizes real-life examples of strategies that get results, including Rhode Island
- “Finding our way through barriers: What Works Summit” Thursday, August 22, 2013 - Washington, DC
Ongoing Efforts:
- Ongoing resource inventory and dissemination
- Ongoing collection of “what works” vignettes

Year Two Activities:
- Continue as a forum of communication on topics of interest to healthcare providers
- For Discussion Today:

What are the best action items for Year Two?

CONSIDER:
- What can you or your organization do?
- Should I join the Provider Workgroup?
- What are the best action items for Year Two?
SUGGESTED PRIORITIES FOR THE PROVIDER WORKGROUP

- ACA: What providers need to know.
- Business Practices & Business Tools
- Reimbursement
- Strategies to promote new adult immunization standards
- Strategies to increase the provider recommendation
- Training of providers before they practice or as in-service
- Vaccination of healthcare personnel
- Other ??